



Government of Rajasthan
National Rural Health Mission
Department of Medical, Health & Family Welfare
Swasthya Bhawan, Tilak Marg, Jaipur-302005

F.13(3)NRHM/Plan/2011/2770

Date : 12/08/11

District Collector & Chairperson,

District Health Society

District.....

Subject: Approval of District Programme Implementation plan of NRHM for the year 2011-2012

This refers to the draft District Programme Implementation Plan of NRHM prepared and submitted by District Health Society for F.Y. 2011-12. The District PIP has been approved and enclosed for implementation of the program in the district for FY 2011-12. The respective District PIPs shall also be available on NRHM Rajasthan Website.

The respective sanctions shall be issued from the State Health society to carry out the activities mentioned in PIP. The overall resource for District Health Society shall comprise of Unspent Balance of DHS account as on 01.04.2011 and Releases of Funds from Rajasthan State Health Society to District health Societies. The above approval is subject to the following mandatory requirements.

A. Planning

1. The District shall, within 10 days of issue of this letter, issue block wise PIP approvals with a copy to the undersigned.

B. Human Resource

2. Performance must be measured against pre-determined benchmarks regularly.
3. All professionals multi skilled under NRHM shall be placed in facilities where the skills can be utilized. Residence at place of posting must be ensured.

C. Financial

11. District shall not make any change in allocation among different components/activities without approval of State Health Society.
12. District shall follow all the financial management systems under operation under NRHM and shall submit Balance Sheets, Quarterly Summary Concurrent Audit Report, FMRs, Statement of Fund Position, as and when they are due.
13. The accounts of the District Health Society shall be open to inspection by the sanctioning

authority and audit by the Comptroller and Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Office of the Ministry of Health & Family Welfare, GOI.

14. District shall ensure submission of details of unspent balance indicating, inter alia, funds released in advance and funds available under District health Society.

15. The District shall also intimate the interest amount earned on unspent balance.

D. Infrastructure

4. District shall set up implementation arrangement to monitor all civil works being undertaken, on a monthly basis, to ensure quality of works and completion as per schedule.

E. Communitization

5. District shall ensure that all operational guidelines relating to VHSC Sessions are complied with.

6. District shall ensure timely performance based incentives to ASHAs and to ensure that supportive supervision mechanism is put in place.

7. District shall ensure District Level Vigilance & Monitoring Committee (DLVMC) meet once every quarter to review the progress of implementation of the annual district health action plan under the NRHM.

8. District shall ensure that RMRS meets as frequently as possible and mandatorily at least once in every quarter to review proper utilization of allocated funds for achievement of goals. The proceedings of such meetings should be maintained for scrutiny.

9. District shall ensure District Health Mission & District Health society meets regularly to review proper utilization of allocated funds for achievement of goals and major policy decision.

10. District shall also ensure regular meetings of Block Health Mission

F. Specific Programme Related

16. District shall operationalise fixed day services in family planning in addition to periodic camps.

17. District shall henceforth provide only F-IMNCI training to doctors and staff nurses whilst IMNCI is to be provided only to ANMs/AWW and other field functionaries.

18. District shall do the exercise of gap analysis of poor performing blocks and provide transport/capacity building of that particular block on priority.

19. Facility based records should reflect BPL status of JSY beneficiaries, so that there can be adequate local monitoring of utilisation of facility by the BPL.

20. Sterilisation failure cases may be mapped and service providers and facilities from which this emanates should be provided with training and quality improvement measures leading to quality certification.
21. In high Malaria, TB and Leprosy endemic areas, ASHA may be trained in these disease control programmes and involved in case detection and treatment follow-ups.
22. Monitoring and supervision of Disease Control Programmes by the CMHO of districts on a regular basis should be ensured.

G. HMIS

23. District shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHS etc, in the prescribed format which is to be regularly uploaded as Monthly, Quarterly and Annual Date on the HMIS. The discrepancy between HMIS & reports forwarded to district should be resolved.

H. Miscellaneous

24. District shall ensure establishment of supportive supervisory structures for RCH and other national programmes and for ensuring quality services.
25. District shall ensure taking appropriate action to monitor the performance of the cold chain/ILR Points and implementation details of ProMIS.

I would request you to disseminate the approved PIP in next DHS meeting and get the quarterly plan of action prepared to ensure 100% achievement of physical and financial targets envisaged in PIP.


Encl: 1. Approved District PIP 2011-12 for NRHM


(Dr. Samit Sharma)

Mission Director, NRHM

Copy to the following for information and necessary action:

1. Chief Medical & Health Officer.....
2. District Program Manager NRHM.....


Mission Director, NRHM